

**Christ's Family Church**  
**4601 Utica Ridge Rd. Davenport, IA**  
**Phone: (563) 359-3765 Fax: (563) 359-9089**  
**Email: tfox@christfamilychurch.org**

**Family Life Center**  
**Facility Use Request Form**

Request Date: \_\_\_/\_\_\_/\_\_\_

Activity Date: \_\_\_/\_\_\_/\_\_\_

Activity Time: \_\_\_ to \_\_\_

Group Name: \_\_\_\_\_

No. Of People: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Active Member of Christ's Family Church: Y\_\_\_ N\_\_\_  
**If no, see rule Number 14**

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Church Sponsored Activity: Y\_\_\_ N\_\_\_

Activity Planned: \_\_\_\_\_

Preparation Time Required: Y\_\_\_ N\_\_\_ Preparation Date \_\_\_/\_\_\_/\_\_\_ Preparation Time: \_\_\_ to \_\_\_

Area (s) of Christ's Family Church to be utilized:

\_\_\_ Family Life Center (sound system y / n)

\_\_\_ Kitchen - reheat, warming, coffee preparation, etc. (No food preparation)

Church equipment required: \_\_\_ No. of Chairs

Will user set-up equipment in facility: Y\_\_\_ N\_\_\_

\_\_\_ No. of Tables (8 persons/table)

Will user take down equipment in facility: Y\_\_\_ N\_\_\_

Other equipment required: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Name of responsible adult who will be present to enforce the building rules and facilitate any clean-up activities:

Signature of Event Coordinator: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_